



**STATE OF MONTANA
DEPARTMENT OF CORRECTIONS
YOUTH COMMUNITY CORRECTIONS**

POLICY/PROCEDURE MEMORANDUM REVIEW

Name: _____ **Date:** _____
Employee ID #: _____ **Work Location:** _____
Address: _____ **Phone #:** _____
Date Reviewed: _____ **Hours:** _____

The following Policies/Procedures have been revised:

Policy #	Summary of Changes

Personal Observations: **(Required)** _____

I have read and understand the changes to Policy/Procedure as listed above.

Employee Signature Date Supervisor Signature Date ☐ yes ☐ no

PLEASE RETURN THIS FORM TO THE YOUTH COMMUNITY CORRECTIONS BUREAU CHIEF, for forwarding to the Youth Services Training Specialist, for entry into your training record.